

**Meeting Notes**  
Health Care Quality and Patient Safety Board  
*Governance Workgroup*  
August 9, 2006

1. Introductions

Members present:

Fred Wesbrook, Chair  
John Toussaint  
Steve Brenton  
Susan Turney  
Patricia Finder-Stone  
Gina Frank-Reece  
Peg Smelser

Members not able to attend:

Louise Trubek  
Don Layden

Staff:

Stacia Jankowski  
Susan Wood

2. Discussion of group composition and meeting schedule

There were no suggestions for additional members and no changes to the proposed meeting schedule. There are three more meetings scheduled at this time – on 8/23, 9/7 and 9/28, all from 1- 3 p.m. A room is set up for the meetings at 1 West Wilson St. in Madison and members can participate by conference phone.

3. Review and adjustment to the work plan

There were no changes proposed to the work plan.

4. Report on current status of work by other eHealth workgroups

The reports from the other four workgroups were made in writing at the 8/3/06 eHealth Board meeting and are available at the eHealth Board Web site.

<http://ehealthboard.dhfs.wisconsin.gov/materials>

## 5. Examining governance models from other jurisdictions:

- AHIMA consensus standards
- eHI tool kit
- Connecting Communities report
- Arizona and Minnesota
- Other research to do

Susan Wood provided a high-level summary of research on governance background material covering:

### A. American Health Information Management Association (AHIMA) consensus standards:

- This organization has a grant from the Office of the National Coordinator in DHHS to consult with nine states and assemble consensus standards on governance, financing and information exchange policies for what they refer to as “statewide RHIOs.”
- A statewide RHIO is defined as a health information exchange initiative or organization that is statewide in scope and involves some form of public-private collaboration, partnership or governance.
- A draft set of standards was presented to a conference in July – AHIMA is now considering the feedback they received and will finalize the standards in September 2006.
- The governance standards provide a good overview of the issues and decisions made in other states.
- Findings so far: there is not a one-size-fits-all model. Each state needs to figure out what its organization will do based on mission and then can decide who should be involved.

### B. eHealth Initiative

- A recent publication reports on the results of their survey of state and regional health information exchange initiatives ([www.ehealthinitiative.org](http://www.ehealthinitiative.org)).
- They have developed a toolkit for members that includes an organization and governance module. It includes sample forms, samples of agreements such as articles of incorporation, general guidance, and features of successful health information exchanges. This organization is available to provide technical assistance upon request.

### C. Minnesota and Arizona

- In addition to the nine states profiled in the AHIMA report, these two states have developed recommendations for statewide governance and both have a charge

from the state's governor very similar to the Executive Order that created the Wisconsin eHealth Board.

- Minnesota Road Map issued in 2005, Arizona's in April 2006.
- Both moving leadership for the state's eHealth initiative from a Governor-appointed board to a newly created nonprofit organization and both have generally the same group of stakeholders represented in the new governance structure.

#### D. Markle Foundation Toolkit

- A report was issued in 2004 from the Working Group on Financial, Organization and Legal Sustainability for Health Information Exchange.
- It provides an analysis of the legal and organizational issues and barriers to health information exchange and a financial analysis of the business case for adoption of health information technology especially by small to medium physician practices.
- This will be most useful on the HIT adoption issues and will be shared with the Patient Care workgroup, which will review this report.

#### E. Next Steps

- A summary of the eHI information and Arizona and Minnesota governance reports will be sent to members.
- Members agreed to review the consensus standards developed by the American Health Information Management Association in advance of the next meeting and to rank options on worksheets if appropriate.
- Susan Wood will send out the materials for review and then summarize the comments and rankings for the next meeting.
- If members would like other material researched, please send the request to Susan Wood.

#### 6. Assumptions about Wisconsin requirements for governance and various organization options - Fred Wesbrook asked members to express their assumptions, hopes and biases about governance.

- Fred Wesbrook – assumes a not-for-profit is needed with broad stakeholder representation. WHIO provides a good model.
- John Toussaint – WHIO was created by the private sector and now has both public and private sector leadership, while this eHealth initiative is a creation of the public sector, bringing in private sector leaders. WHIO is still in a formative stage.
- Steve Brenton – very important to view this from 50,000 feet. He needs more information about just what will be governed. He expects a minimal role for the state.

- John Toussaint – agrees with Steve Brenton on this. Important to understand why RHIOs fail. Essential to have common standards to connect health information exchange.
  - Fred Wesbrook – agrees that there are many unknowns at this point including data transmission standards. Our job is to develop a five-year plan to lay out steps to take in Wisconsin. Assumes there will be an entity that will be the custodian of the patient care information that will be exchanged. Need to determine how it will be stored, who has access, and how it is safeguarded.
  - Susan Turney noted that the eHealth plan is a means to an end – which is improved safety and quality.
  - Pat Finder-Stone likes the way the workgroups are set up but notes that there is a lack of consumer involvement.
  - Fred Wesbrook – challenges facing this governance group are not unlike those that the Collaborative faced in its formative stage – need to determine what to collect, how to use it and how to validate measures – and sees a similar journey for this group.
  - John Toussaint – noted that the Collaborative had a clear aim—public reporting—and agrees with Fred that the eHealth plan will evolve and goals could change over time. Goal is to establish a repository of high-level information for clinical care – need clinically relevant information available so that no patient suffers.
  - Peg Smelser – the last Board meeting was helpful because there is now more concrete information to work with. She views governance of health information exchange as something like a public utility—public and private providers have to trust it, it must be accurate, safe, not used for untoward purposes, fair and available to all who need it.
  - John Toussaint – this is a helpful way to look at it – the charge to the Board is so broad. – does not see this group focusing on HIT because the market will drive these decisions.
  - Fred Wesbrook – goal is to have a plan that is patient-centric and realistic.
7. Agenda items for August 23 meeting include a reports on the results of members’ review of background materials, discussion of priorities and principles for a governance model for Wisconsin.
8. The meeting was adjourned at 2 p.m.